## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: GREEN VALLEY (390147)

Address: 1128 GREEN VALLEY DR, WAUKESHA, WI 53189

**License Status: REGULAR** 

Licensed/Certified/Registered 12/03/1996

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### **Survey History**

Survey ID: 0094682 End Date: 04/18/2005 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093295 End Date: 09/07/2004 Type: ABBREVIATED Purpose: COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008748 Served 09/14/2004

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	04/07/2005	Yes
88.09(2)(a)8	TRAINING DOCUMENTATION	04/07/2005	Yes
88.10(3)(a)	FAIR TREATMENT	04/07/2005	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	04/07/2005	Yes

# **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092755 End Date: 04/24/2004 Type: ABBREVIATED Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008999 Served 06/18/2004

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	08/04/2004	No
88.05(3)(a)	HOME ENVIRONMENT	08/04/2004	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	08/04/2004	Yes
88.06(3)(d)3	SERVICES BY OUTSIDE AGENCIES	08/04/2004	Yes
88.06(3)(d)4	WHO WILL MONITOR THE PLAN	08/04/2004	Yes

# **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

**Enforcement History** 

Date: 09/13/2004 SOD #10008748 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 06/16/2004 SOD #10008999 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

# **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Complaint History** 

Date Complaint Received: 10/21/2004 Date Investigation Completed: 04/18/2005

Subject Area(s) Result SOD #

RESIDENT RIGHTS NOT SUBSTANTIATED NUTRITION & FOOD SERVICES NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 07/21/2004 Date Investigation Completed: 09/07/2004

Subject Area(s)ResultSOD #RESIDENT BEHAVIOR/FACILITY PRACTICESUBSTANTIATED10008748